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Written on July 21, 2016 at 7:00 pm by [Navy Medicine](#)

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By Linda Albriton, Lead Continuous ProcessImprovement Analyst, Navy Medicine West



Lead Continuous Process Improvement Analyst for Navy Medicine West, Linda Albritton, is a key contributor to Navy Medicine West's focus on robust process improvement.

The traditional view of "healthcare innovation" often focuses on financial returns like new medical devices or latest drug therapies. Navy Medicine is shifting this focus to value-based gains that measure not only the safety and quality of patient care, but the convenience and experience of that care. By leveraging Continuous Process Improvement (CPI) and Lean Six Sigma (LSS) tools and methodologies, Navy Medicine is achieving value gains through new and improved processes and care model innovations, such as the Navy Medicine West (NMW), Regional Quality Collaborative (RQC).

Consistent with Navy Medicine's focus on "Value" as one of three strategic imperatives, Rear Admiral Bruce Gillingham, Commander for NMW, chartered the RQC in July 2015. The membership consists of all Chief Medical Officers and Chief Quality Officers within NMW. In Gillingham's paper titled, "Commander's Intent, he delineated his expectations of the RQC, stating its purpose was, "to optimize patient outcomes by a) eliminating patient harm, and b) creating patient centered value." The initial project he assigned to them was, "to assess the current performance of NMW Medical Treatment Facilities that provide obstetric services to anticipate, prevent where possible, and respond when necessary, to postpartum hemorrhage (PPH)."

PPH is an obstetrical emergency in which the mother experiences a significant blood loss within the first 24 hours following childbirth either vaginally or by cesarean section. While the rates are higher in developing countries, in the United States the pregnancy-related mortality rate is approximately 7 to 10 women per 100,000 live births, with approximately [8 percent of these deaths caused by PPH](#). In 2014, the [Association of Women's Health, Obstetric and Neonatal Nurses estimated](#) that of all PPH-related deaths 54 percent to 93 percent could have been prevented with improved clinical response. Even if PPH does not lead to death, the resulting blood loss, possible anemia, and escalating interventions can be stressful and debilitating for the patient.

Though the risk of PPH-related maternal death is extremely low, with approximately 15,000 live births performed annually across Navy Medicine it is vitally important PPH is recognized early, resourced appropriately, and clinically managed expeditiously.

Led by an obstetric physician advisor to the RQC, in October 2015 a cross-functional team at Naval Medical Center San Diego (NMCSD) undertook a research study to determine the best multidisciplinary, evidence-based clinical approach to reduce the occurrence of PPH. Applying CPI and LSS tools and methodologies, the team

conducted a comprehensive literature review, developed an evidence-driven protocol, and delivered education to all relevant departments. Within 10 months after roll-out, the average monthly rates of delayed PPH decreased by over half to 2.1 percent, which is well below the National Average of 3.6 percent [measured by the National Perinatal Information Center \(NPIC\)](#). As a result, the team was recognized as a winner in one of four CPI categories in this year's annual regional CPI competition, and was entered into the upcoming Navy Medicine competition. This obstetric clinical model will be incorporated into the NMW RQC's Postpartum Hemorrhage guidelines to be disseminated throughout the greater Navy Medicine enterprise later this year.

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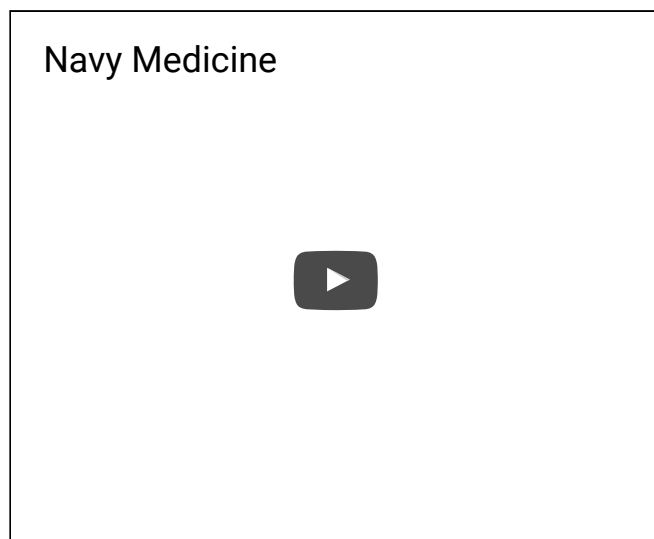
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